
Full Name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

In the Matter of

_____,
DOB: _____
_____ a Minor.

Case No.: _____

WAIVER OF NOTICE

1. With regard to the above matter, the undersigned is:

the minor, if 14 or more years of age; **OR**

the person who has had the principal care and custody of the minor during the last 60 days pursuant to I.C. 15-5-207(a); (name) _____,

(address) _____,

relationship to minor _____; **OR**

a parent of the minor; (name) _____,

(address) _____, mother father; **OR**

a person interested in the welfare of the minor; (name) _____,

relationship to minor _____,

(address) _____.

2. I waive notice of the following matters:

a. All petitions, applications, and filings concerning the above guardianship; **OR**

b. The following petitions, applications, and filings:

- Petition for Appointment of Guardian of Minor
- Notice of Petition for Appointment of Guardian of Minor and Hearing
- Petition to Terminate Guardianship of Minor
- Notice of Petition to Terminate Guardianship of Minor and Hearing

DATE: _____

Signature of Person signing this Document

Typed/Printed Name of Person signing this Document

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